

SPEAKER NOMINATION

Speaker's Contact Information:

Name_____

Professional Title_____

Specialty_____

Company Name_____

Address_____

City/State/Zip_____

Telephone (Include area code) _____

E-Mail Address_____

Topic:

Presentation Topic_____

Have you heard this speaker present? _____ Yes _____ No

If yes when and where? _____

Where can we reach you?

Name_____

Company Name_____

Address_____

City/State/Zip_____

Telephone (Include area code) _____

E-Mail Address_____

Fax completed information to Shirley Hastings at (785) 296-8177.